



3736

Dkt. 0575-56330-A/JPW/PJP

Application of : Judah Z. Weinberger
Serial No. : 09/803,773 Group Art Unit: 3736
Date Filed : March 12, 2001 Examiner: C. A. Marmor, II
For : METHOD AND APPARATUS FOR TREATING A DISEASE
PROCESS IN A LUMINAL STRUCTURE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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S I R:

Transmitted herewith is an amendment to the above identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE FEE			
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY OTHER ENTITY
Total Claims	18	-	32	=	0	X	9	18	=	0
Independent Claims	5	-	7	=	0	X	40	80	=	0
Multiple Dependent Claim(s) Presented <u> </u> Yes <u> X </u> No							130	260		0
							TOTAL ADDITIONAL FEE \$ 0			

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Amendment Transmittal Letter
Page Two

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

_____ Please charge Deposit Account No. _____ in the amount of \$ _____. Three copies of this sheet is enclosed.

_____ A check in the amount of \$ _____ is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

 X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

 X Any patent application processing fees under 37 C.F.R. \$1.17.

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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P.O. Box 1450
Alexandria, VA 22313-1450

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For : METHOD AND APPARATUS FOR TREATING A DISEASE
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1185 Avenue of the Americas
New York, N.Y. 10036
December 19, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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**AMENDMENT IN RESPONSE TO
OFFICE ACTION DATED SEPTEMBER 23, 2003**

A: Introductory Comments:

This Amendment is submitted in response to the Office Action issued in connection with the above-identified application on September 23, 2003. In accordance with the September 23, 2003 Office Action, a response is due on December 23, 2003. Accordingly, this response is considered timely filed.